

FORM DV9

Domestic and Family Violence Protection Act 2012 (s.70(c))

Application to vary or revoke an intervention order

1. Applicant's Details

Part A only applies if the respondent is making the application.

PART A – Respondent

Given Name/s

Family Name

Gender

Address

SPI # (QPS only)

Do you require an interpreter? No Yes Language/Dialect:

Do you identify as: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander No

Do you have a disability, illness or impairment where support and/or special arrangements are required? No Yes

Is the respondent under 18 years of age? No Yes

Please supply the details of a parent as all documents must be given to a parent of the respondent unless the court orders otherwise.

Parent's Name

Parent's Address

PART B – A Police Officer

Full Name including Rank:

Registration #

Station

Police Occurrence #

Proceed to Question 2

2. Existing Order Details

A copy of the original order is to be supplied with this application

Date the original order was made

The court and location the original order was made

Respondent named in the original order

Address of Respondent

Proceed to Question 3

3. Details of Variation

A) Do you want to vary the intervention order?

No

Yes

Please provide details of the variation.

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Give reasons

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B) Do you want to revoke the intervention order? No Yes

Give reasons

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4. Statutory Declaration

The applicant, except if a member of the Queensland Police Service, must sign this application in the presence of a Justice of the Peace, Commissioner for Declarations, or a Solicitor

I, the applicant in this application, do solemnly and sincerely declare:

The information set out in this application, and any other attached statement, is true and correct to the best of my knowledge and belief. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Declared by on / / at in the

presence of

(Signature of person taking statement)

(Signature of Applicant)

.....

(Full name of Applicant)

.....

(Full name and Qualification of Witness)

.....

.....

Queensland Police Service Applicant

The applicant, if a member of the Queensland Police Service, must sign this application and provide the details below:

| | |
|---------------------|----------------------|
| Full Name and Rank: | <input type="text"/> |
| Registration No: | <input type="text"/> |
| Signature: | <input type="text"/> |
| Date: | <input type="text"/> |

Office Use Only

Court file number (if known) :

YOU ARE NOTIFIED that this application will be heard at the time and place as follows:

| | |
|--------|----------------------|
| Court: | <input type="text"/> |
| Place: | <input type="text"/> |
| Date: | <input type="text"/> |
| Time: | <input type="text"/> |

Signature
Clerk of the Court/Queensland Police Service